Application for Record of Birth for:



Tippecanoe County Health Department Only

629 North Sixth Street Lafayette, IN 47901 (765)423-9221 ext. 1 www.tippecanoe.in.gov

WARNING: False application, altering, mutilating or counterfeiting Indiana birth certificates is a criminal offense under IC 16-1-19-G and IC 16-1-15-4

You MUST INCLUDE or present the following with the completed application:

- □ Copy of your ID such as drivers license or State ID
- Money order or cash. No personal checks
- □ Self Addressed, stamped envelope (MAIL REQUESTS ONLY)
- * If getting certificates for more than one child and they have the same parents, fill out the first form completely and only the lines marked by * asterisks on the following children.

| * Full Name at Bir (or adopted name) | th | | |
|---|-------------------------------|--|------------------------------|
| * Date of Birth | | | |
| Place of Birth (Home | e Birth or Hospital) | | |
| Father's Full Name_ | | | |
| State of Birth | · | | |
| Mother's "Full Maide | en" Name | | |
| State of Birth | | | |
| Were the parents ma | arried at the time of birth?_ | | |
| Your relationship to | person whose birth record | is being requested & pu | urpose of certificate: |
| | & | | |
| * Your Signature | | Date | |
| Address | | | |
| | _StateZip | | |
| | | ONAL CHECKS fee for genealogical searcice includes the birth certifi | |
| - | | - | Wallet <u>Size</u> @ \$10.00 |
| | | e use only | •••••• |
| Cert.# | Filed | Book | Page |